

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Ronnie Cavallo

Write the full name of each plaintiff.

\_\_\_\_ CV \_\_\_\_  
(Include case number if one has been assigned)

-against-

HPD Section 8  
Good Hope Riverside

**COMPLAINT**

Do you want a jury trial?  
☐ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

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**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. BASIS FOR JURISDICTION**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- ☐ **Federal Question**
- ☐ **Diversity of Citizenship**

**A. If you checked Federal Question**

Which of your federal constitutional or federal statutory rights have been violated?

*Civil Liberties by Section 8 HPD*  
*by wrongfully ~~denying~~ deny me to Explain my*  
*Living Situation.*

**B. If you checked Diversity of Citizenship****1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of \_\_\_\_\_  
 (Plaintiff's name)

\_\_\_\_\_  
 (State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

\_\_\_\_\_  
 If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of  
(Defendant's name)

\_\_\_\_\_  
or, if not lawfully admitted for permanent residence in the United States, a citizen or  
subject of the foreign state of

\_\_\_\_\_  
If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of  
the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_.

If more than one defendant is named in the complaint, attach additional pages providing  
information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional  
pages if needed.

First Name	Middle Initial	Last Name
Street Address		
County, City	State	Zip Code
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

First Name	Last Name
Current Job Title (or other identifying information)	
Current Work Address (or other address where defendant may be served)	
County, City	State Zip Code

Defendant 2:

First Name	Last Name
Current Job Title (or other identifying information)	
Current Work Address (or other address where defendant may be served)	
County, City	State Zip Code

Defendant 3:

First Name	Last Name
Current Job Title (or other identifying information)	
Current Work Address (or other address where defendant may be served)	
County, City	State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

**III. STATEMENT OF CLAIM**Place(s) of occurrence: 166 West 87th St, (Capital Hall), NY, NY, 10024Date(s) of occurrence: HFD Section 8, 60th St, New York, NY**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Previously in shelter and was transferred to Valley Forge transitional shelter. Under Westside Federation. The social worker and director were supportive and professional. I was transferred to an SRO (after applying for Social Security Disability for medical reasons. (I was having another stroke/mild heart disease, neurological difficulty and hypertension) the transfer was a place and not familiar with SRO's. My next door neighbor was a hoarder and my space studio was infested with fleas including the inside of dresser and on the bed. The exterminator treated my studio told me you are getting fleas from your neighbor. I also had to share bathroom with that neighbor hoarder bathroom. Social worker was not cooperative and management ignored it most of the time. I had a heart attack in hospital and I was having another heart attack is when the director transferred me to upper floor with private bathroom also the SRO has infested kitchens to share with neighbor. I suffered for close to 14-15 yrs of my life that originally I had lived in Westchester County in a private house in York, Boreham, Bronxville NY.

I had submitted application to Goddard House in Capital Hill SFO.  
 Not aware of circumstances the following:

- 1) Neighbors allowed to have dogs in Bldg not supportive but for a pet
- 2) Heavy drug trafficking cocaine, crack, possible Heroin  
 going up + down stairwells Especially during the night.
- 3) 3-4 times attempted physical harm to me.
- 4) Mgt cannot handle the situation, Social work is not existent

Setting off fire alarms, Violence, slamming doors, Yelling in corridors  
 Section 8 HPD said after Covid and reopened finally that I am in a Rehab/Program  
 I am in no such Program/Rehab, NO DOCUMENTATION. Spending money being paid to  
 INJURIES: Involved with false pretenses and a lawsuit for damages.

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

have suddenly developed Tremors from involvement with Clerk in the Air  
 emotional stressed situation at times.

have heart disease that needs monitoring by cardiologist  
 Stripped me early in relationship to share a home on Section 8 due to  
 Containment in Capital Hill against my decision.

#### IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Maximum amount of money tarnishing my reputation as a member and  
 singer of Canterbury Choral Society (Singing 32 years) and I have a  
 Real Estate Salesperson License and put me in Jeopardy of my Business  
 and Reputation in the community by False statements and on file of  
 Mental Persons Program Rehab further from the truth.  
 A complete investigation is warranted.

**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

05/31/24  
 Dated \_\_\_\_\_  
Ronnie  
 First Name \_\_\_\_\_  
6L  
 Middle Initial \_\_\_\_\_  
Cavallo  
 Last Name \_\_\_\_\_  
166 West 8th St  
 Street Address \_\_\_\_\_  
New York  
 County, City \_\_\_\_\_  
New York  
 State \_\_\_\_\_  
10024  
 Zip Code \_\_\_\_\_  
917 200 2359  
 Telephone Number \_\_\_\_\_  
Lawrence Ronald CAVA 2000@yahoo.com  
 Email Address (if available) \_\_\_\_\_

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.